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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number SPELL-009A

First Named Inventor Earl J. Votolato

**COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

UTENSIL FOR ELIMINATING BARE HAND HANDLING OF SENSITIVE MATERIAL

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.


Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label	OR <input checked="" type="checkbox"/>		Correspondence address below
Kit M. Stetina, Esq. STETINA BRUNDA GARRED & BRUCKER Name					
75 Enterprise Suite 250 Address					
Aliso Viejo City			California State	92656 ZIP	
United States Country		(949) 855-1246 Telephone		(949) 855-6371 Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Earl J. (first and middle [if any])			Family Name Votolato or Surname		
Inventor's Signature 			Date 01/11/02		
Newport Beach Residence: City		California State	United States Country	United States Citizenship	
3419 Via Lido #400 Mailing Address					
Newport Beach City		California State	92663 ZIP	United States Country	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature			Date		
Residence: City		State	Country	Citizenship	
Mailing Address					
City		State	ZIP	Country	
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside box ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	Application Number	unknown
	Filing Date	herewith
	First Named Inventor	Earl J. Votolato
	Group Art Unit	unknown
	Examiner Name	unknown
	Attorney Docket Number	SPELL-009A

I hereby appoint:

Place Customer Number Bar

☒ Practitioners at Customer Number 007663  
Attention: Kit M. Stetina, Esq.

Code Label here

OR

☐ Practitioner(s) named below:

Name

Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number: Attention: [attorney name]

OR

☐ Practitioners at Customer Number \_\_\_\_\_  
Attention: [attorney name]

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OR

☒ Firm or Individual  
Name Kit M. Stetina, Esq.

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Telephone (949) 855-1246 Fax (949) 855-6371

I am the:

☐ Applicant.

☒ Assignee of record of the entire interest  
Certificate under 37 CFR 3.73(b) is enclosed

**SIGNATURE OF Applicant or Assignee of Record**

Name Earl Votolato and Kimberly Votolato, Trustees of the Votolato Living Trust dated June 1, 1994, as amended, and wholly amended on December 22, 1997

Signature: Earl Votolato *Earl Votolato, Trustee*

Signature: Kimberly Votolato *Kimberly Votolato, Trustee*

Date 01-11-02; 01-11-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231

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